

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEI FW
AP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/628,748
Filing Date	July 28, 2003
First Named Inventor	Young-Kai Chen
Art Unit	2814
Examiner Name	Shrinivas H. Rao

Attorney Docket Number LU05003USU (Chen 29-3-4)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> - Credit Card Payment Form (PTO-2038)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> - Amendment Transmittal Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> - postcard receipt
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Fees Are As Follows: - \$ 120 for Extension of Time		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Eclipse Group LLP		
Signature			
Printed name	Jay M. Brown		
Date	July 10, 2006	Reg. No.	30,033

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Jay M. Brown	Date	July 10, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

Atty. Docket No.: LU05003USU (Chen 29-3-4)

Applicant: Chen et al.

Title: DISSIPATIVE ISOLATION FRAMES FOR ACTIVE
MICROELECTRONIC DEVICES, AND METHODS OF MAKING
SUCH DISSIPATIVE ISOLATION FRAMES

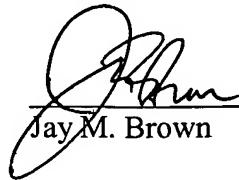
Date of Deposit: July 10, 2006

Serial No.: 10/628,748

Filing Date: July 28, 2003

Type of Documents: Transmittal Form (PTO/SB/21 – 1 pg – in duplicate);
Amendment Transmittal Form (3 pgs);
Reply to Office Action Mailed 03/09/2006 (12 pgs);
Petition for Extension of Time (PTO/SB/22 - 1 pg);
Credit Card Payment Form for \$120 (PTO-2038 – 1 pg); and
Return Receipt Postcard

I hereby certify that the documents identified above are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 10, 2006.



Jay M. Brown



Docket No.: LU05003USU (Chen 29-3-4)
Serial No.: 10/628,748

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Chen et al.

DOCKET NO.: LU05003USU

SERIAL NO.: 10/628,748

GROUP ART UNIT: 2814

DATE FILED: July 28, 2003

EXAMINER: Shrinivas H. Rao

CONFIRMATION NO.: 4860

TITLE: DISSIPATIVE ISOLATION FRAMES FOR ACTIVE MICROELECTRONIC
DEVICES, AND METHODS OF MAKING SUCH DISSIPATIVE ISOLATION
FRAMES

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on July 10, 2006.

Jay M. Brown

July 10, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is a Request for Reconsideration for this application.

STATUS

Applicant is other than a small entity.

EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply. A Petition for a 1-Month Extension of Time is hereby requested.

A fee of \$120.00 for a One-Month Extension of Time is required.

FEE FOR CLAIMS

The fee for claims (37 CFR § 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Other than a small entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	17	minus	20	= 0	x \$50 =	\$0
Indep.	2	minus	03	= 0	x \$200 =	\$0
First presentation of multiple dependent claim					+ \$360 =	\$0
TOTAL ADDITIONAL FEE						\$0

* If the entry in column 1 is less than the entry in Col. 2, enter "0" in Col. 3.

** If the "Highest no. previously paid for" in Col. 2, Row 1 is less than 20, enter "20".

*** If the "Highest no. previously paid for" in Col. 2, Row 2 is less than 3, enter "3".

The "Highest no. previously paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment of the number of claims originally filed.

No additional fee for claims is required.

Docket No.: LU05003USU (Chen 29-3-4)
Serial No.: 10/628,748

FEE DEFICIENCY

If any additional extension and/or fee is required, please charge Deposit Account No. 50-2542.

If any additional fee for claims is required, please charge Deposit Account No. 50-2542.

Respectfully submitted,

THE ECLIPSE GROUP LLP

Date: July 10, 2006

By:



Jay M. Brown

Registration No. 30,033

The Eclipse Group

5003 Southpark Dr., Suite 260

Durham, NC 27713

Phone: (919) 313-6161

Fax: (919) 313-6170

Customer No. **51029**